Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FPA Form 9700-12 (01-90) Pravious addition is checlate



# Notification of Regulated Waste Activity States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 1 2 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
A. First Notification  B. Subsequent Notification (complete item C)	7	L D 9	mstallation's EPAID	2161			
II. Name of Installation (Include company and specific site name)							
INDUSTRIAL SLS X	M	TRI					
III. Location of Installation (Physical address not P.O. Box or Route	e Numb	er)					
Street							
Street (continued)		لبلبل	$\bot \bot \bot \bot$				
City or Town	•	State ZIP	Code				
ROCKFORO		166	11/03	-			
County Code County Name							
201WIMMEBAGO				8 8			
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box		98					
1608 N MAIN ST							
City or Town		State ZIP	Code				
ROCKFORD		146	1/03	-			
V. Installation Contact (Person to be contacted regarding waste a	ctivities	-4 -44-1					
		at ske)					
Name (last) (first		at site)					
Name (last) (first) (first)		LY		· · · · ·			
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Job Title  MARGER  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street of B.O. Box	#) E L	24		00			
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Job Title  Pho  MARGER  VI. Installation Contact Address (See Instructions)  A. Contact Address Location Mailing  Mailing  City or Town  BOCKFORD  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner	EL one Nur	Ly  nber (area co  - 9 6  7.  State ZIP	8 - 7 / c	00			
Job Title  MANAGER  VI. Installation Contact Address (See Instructions)  A. Contact Address Location Mailing  X  B. Street or P.O. Box  City or Town  BOCKFORD  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  WILL LIAM J. FOSBE	EL one Nur	Ly  nber (area co  - 9 6  7.  State ZIP	8 - 7/0 Code ///03	DO D			
Job Title  MARGER  VI. Installation Contact Address (See Instructions)  A. Contact Address Location  Mailing  X  City or Town  BOCKFORD  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner	EL one Nur	Ly  nber (area co  - 9 6  7.  State ZIP	8 - 7/ Code ///03	uc 6 1003			
Job Title  MANAGER  VI. Installation Contact Address (See Instructions)  A. Contact Address Location Mailing  X  City or Town  BOCKFORD  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  WILLIAM J. FOSBE  Street, P.O. Box, or Route Number  1608 NMAIN  MAIN  ST	EL one Nur	Ly  nber (area co  - 9 6  7.  State ZIP	8 - 7 / Code / / / O 3	<del>.Úc 6 1993</del>			
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Job Title  MANAGER  VI. Installation Contact Address (See Instructions)  A. Contact Address Location Mailing  X  City or Town  BOCKFORD  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  WILLIAM J. FOSBE  Street, P.O. Box, or Route Number  1608 NMAIN  MAIN  ST	EL one Nur	Ly  nber (area co  - 9 6  T.  State ZIP  I C 6	8 - 7/6 Code ///03	<del>.Úc 6 1993</del>			
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	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to it	nstructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 ibs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 ibs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Treater, Storer, Disposer (at installation)  Note: A permit is required for this activity; see instructions.  4. Hazardous Waste Fuel  a. Generator Marketing to Burner  b. Other Marketers  c. Burner - indicate device(s) -  Type of Combustion Device  1. Air  2. Industrial Boiler  3. Industrial Furnace  4. Water  5. Other - specify  IX. Description of Regulated Wastes (Use additional sheets if necessary)	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Markerer c. Burner - indicate device(s) - Type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the	characteristics of nonlisted hazardous
wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)  1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (List specific EPA hazardous waste not provided in the pro	umber(s) for the EP Toxic contaminant(s))  than 12 waste codes.)  5  6  11  12
I certify under penalty of law that I have personally examined and am familiar with and all attached documents, and that based on my inquiry of those individe obtaining the information, I believe that the submitted information is true, acceptant there are significant penalties for submitting false information, including the information of the imprisonment.	uals immediately responsible for curate, and complete. I am aware
Signature Name and Official Title (type or print)  X Numager Kelly Fost	Date Signed 36R6 X July 30 1993
XI. Comments	
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III o	f the booklet for addresses.)

AUG 13 1993

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**&EPA** 93.538

## Notification of Regulated Waste Activity

(For Official Use Only)

AUG 1 2 1993

United States Enviro	onmental Prote	ction Age	KUCA				4 100	
I. Installation's EPA ID Number (Mark 'X' in the appropriate								
A. First Notification B. Subsequent Notification (complete item C)	n I	LD	C. Insta	llation'	PAGE	2	bepMS 16	/
II. Name of Installation (Include company and specific site n	name)			3		de la communication de la		
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III. Location of Installation (Physical address not P.O. Box o	r Route Numb	oer)						
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COCKIFICATION I			91					
County Code County Name	TIT	П		Т				
IV. Installation Mailing Address (See Instructions								- 2124 (A) (A) (O) (I)
Street or P.O. Box		П						
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City or Town		State	ZIP Cod	de .	0 0			
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V. Installation Contact (Person to be contacted regarding w								
v. mstanation contact (reson to be contacted regarding w	raste activities	at site						/京學是 "
Name (last)	(first)	at site				•		
	T	at site			·	П		!
	T	24	a code a	nd nun	nber)			
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Name (last) $FDSBFBB$ Job Title $MANAGER$	(first) K = L	24	110	nd nun	7/	0	0	
Name (last)  FOSBEBB  Job Title  MARGER  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street of B.O. Box	(first) K = L	24	110	nd nun	7/	0	0	
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Name (last)  FOSBEBB  Job Title  WI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box    A. Contact Address   B. Street or P.O. Box   M. M. A. / A. / A. / A. / A. / A. / A.	(first)    S = L     Phone Nut	L y mber (are	68		7/		0	
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Name (last)  FOSRFRB  Job Title  MARGER  VI. Installation Contact Address (See Instructions)  A. Contact Address Location Mailing  X  City or Town  BOCKFORD  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  WILL LIAM J. FOSB  Street, P.O. Box, or Route Number  I 608 N A A IN ST  City or Town  ROCKFORD	(first)  K = L  Phone Num  8 / 5	Ly mber (are - 9  T. State I L	S   S   S   S   S   S   S   S   S   S	de / de	03	- AUG	- 6 19	93

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	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes.	Refer to instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  2. Transporter (Indicate Mode in boxes 1-5 below)  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Industrial Boiler  2. Industrial Furnace  3. Highway  5. Underground Injection Con  1X. Description of Regulated Wastes (Use additional sheets if necessary)  A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspondence of the standard of this activity, see instructions this activity, see instructions 4. Hazardous Waste Fuel  a. Generator Marketing to  b. Other Marketing to  b. Other Marketing to  c. Burner - indicate device Type of Combustion Delay industrial Boiler  1. Utility Boiler  2. Industrial Furnace  3. Industrial Furnace  3. Industrial Furnace  4. Water  5. Other - specify  IX. Description of Regulated Wastes (Use additional sheets if necessary)  A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspondence of the control of this activity, see instructions this activity, see instructions to the sections.	a. Generator Marketing to Burner b. Other Markerer  c. Burner - Indicate device(s) - Type of Combustion Device  1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace  2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)	
1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (List specific EPA hazard	lous waste number(s) for the EP Toxic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need	to list more than 12 waste codes.)
7 8 9 10	5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. Other Wastes. (State or other wastes requiring an I.D. number: See instructions.)	
	5 6
X. Certification	
I certify under penalty of law that I have personally examined and am far and all attached documents, and that based on my inquiry of those obtaining the information, I believe that the submitted information is that there are significant penalties for submitting false information imprisonment.	se Individuals immediately responsible for strue, accurate, and complete. I am aware
Signature Name and Official Title (type or print X Manager KEL)	
XI. Comments	

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

### REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

8/13/93

REPLY TO THE ATTENTION OF:

#### Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kaddon

Environmental Protection Specialist